

# WEST SCENIC ACRES HOUSING CO-OPERATIVE LTD.

111, 435 BEAVER DAM ROAD N.E.  
CALGARY, ALBERTA T2K 6J9  
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## APPLICATION FOR MEMBERSHIP

Information Required	Applicant	Co-Applicant
Name (in full)		
Home Phone Number		
Work Phone Number		
Current Address including postal code		
Date of Birth (month/day/year)		
Social Insurance Number		
Current landlord name and phone number		
Length of stay		
Previous Address and postal code		
Previous landlord name and phone number		
Length of stay		
Employer Name		
Length of employment		
Gross Annual Income from all sources		

Name of other Residents	Relationship to Applicant	Date of Birth	Male/Female

All information provided will be kept confidential and is for the purpose of approving membership. A credit check will be conducted as well as current landlord will be contacted once you have been approved for a unit.

Size of unit required (circle one):

Two Bedroom

Three Bedroom

Adapted

**Tell us about you.....**

How did you hear about West Scenic Acres?

Do you have any pets? Yes/No If so, what kind, breed and size?

Have you had any volunteer experience and if so, please describe what you have done?

I/We understand that by seeking membership in West Scenic Acres, we are agreeing to live in a co-operative situation and will be required to participate in the running of the cooperative. This application is will remain on file for the period of one year and must be renewed by the applicant in order to retain my position on West Scenic Acres waiting list. I/We also understand that a credit check and landlord verification will be conducted and I approve of this for the purpose of membership.

Signed: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Application Received: \_\_\_\_\_ Application Fee Received \_\_\_\_\_

Contacted for Orientation: \_\_\_\_\_ Dated Offered: \_\_\_\_\_ Attended: \_\_\_\_\_

Approved for Membership: \_\_\_\_\_ Unit Offered: \_\_\_\_\_

Applications will be keep on file for one year